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A PROJECT TO IDENTIFY SOCIAL COMPONENTS OF HEALTH DEPARTMENT PROGRAMS

JEAN HOODWIN AND JOCELYN SIEM
Social Service Consultants, California State Department of Public Health, Berkeley

As the field of public health has grown and scientific knowledge has increased, awareness of the complexity of health needs and problems has developed. Specialized services from other fields have inevitably been drawn in to complement basic public health services. Each of the professional disciplines has had to learn the aims, purposes, and methods of public health to determine how its particular body of knowledge can best be applied. As the number of social workers continues to increase in health departments, there is growing interest in examining and understanding the complementary nature of public health and social work. This subject has occasioned extensive discussion among public health social workers in California as elsewhere throughout the Country.

The California Conference of Local Health Officers [1] through its General Services Committee requested that an interpretive statement be prepared. Translating social work concepts into some form that can be used by all members of a health department staff was, in essence, the assignment given to state and local public health social workers in California. Among other questions, the health officers asked: What are the social components of health department programs? What social factors should a health department consider in the furtherance of its programs whether or not it employs a social worker?

An outline was requested which would point up where and how social factors impinge on health department practice. Functions, as such, were not to be the focus since these had been delineated on other occasions, most notably in the article, "Proposed Report on the Educational Qualifications of Medical Social Workers in Public Health Programs." [2] Similar requests were made of other disciplines, including health education and nutrition, for clarification of their professional content as it relates to public health.

The request came at a time when social workers in the state and local health departments throughout California had been meeting together to discuss mutual problems in the practice of public health social work. Although many differences were found in responsibilities and assignments, there was general agreement on what were considered to be social factors in the total health department program. The "Guide in Considering Social Components of Health Department Programs" is the outline approved by the conference in May, 1953.* Some elaboration of why and how this guide was developed, together with its potential uses and values will be of interest to those having a responsibility in program development.

This article describes a "Guide in Considering Social Factors of Public Health Programs" prepared by social workers on the staff of the California State Department of Public Health in cooperation with local public health social workers, social work educators, and public health physicians on both state and local levels. It was developed at the request of the General Services Committee of the California Conference of Local Health Officers to re-emphasize for all professional public health personnel the relationship between psychosocial factors and public health practice. Use of the guide has demonstrated that its primary value lies in its application as an administrative and supervisory tool in development of new programs, in re-evaluation of current services, and in staff education. Although it is intended for use by all members of the health department staff, it is believed that its greatest productiveness results when a social worker participates in its utilization. The guide is a tool—a means to an end—and, as such, can sharpen the focus of public health programs to make the most effective use of funds, to permit the best utilization of available personnel, and to diminish overlapping and duplication of service.

Copies of the guide are available from Medical Social Service, State Department of Public Health, or reference can be made to the January issue, *American Journal of Public Health*, page 97.

* "*Resolved*, That the California Conference of Local Health Officers accept the attached 'Guide in Considering Social Components of Health Department Programs'; and be it further
"*Resolved*, That the California Conference of Local Health Officers express appreciation to the State for this compilation and their demonstration of the potential usefulness of the Guide."—California Conference of Local Health Officers, Minutes, Meeting of May 27-29, 1953, Los Angeles, California.

Common Goals of Social Work and Public Health

Certainly social work and public health have always had some common goals. Dr. Frank Kelly points this out in discussing the contributions of Lemuel Shattuck:[3]

> In the beginning of the public health movement, both in this Country and in England, we find that it was closely tied up with the movement for social betterment. The report of the Massachusetts Sanitary Commission, published in 1850, was drawn up by Lemuel Shattuck, a statistician and a student of social problems. He did not confine his recommendations to such public measures as water supply, sewage disposal, and sanitary police, but recommended studies of the effect of immigration on the health of the people, studies of the health of school children, better training of physicians and nurses, the keeping of family records of disease, and routine physical examinations. We see that Shattuck, in this greatest of all American public health documents, did not contemplate any marked separation of treatment and prevention but that he made recommendations tending to provide medical care and supervision for everyone, and that social betterment and health were closely allied.

Social workers have long been interested in some phase of public health. Lilian Brandt of the New York Charity Organization Society, in speaking before the Philadelphia Conference of Charities in 1907 on the causes of poverty, commented on the interaction between health and welfare:[4]

> * * * sickness is traced to ignorance of the causes of preventable disease, to bad sanitary conditions in dwelling and workshop, to insufficient provision for curing certain kinds of illness, to the ignorance of great numbers of mothers concerning the care of their babies, * * * to governmental inefficiency exhibited in a contaminated water supply and dirty streets; * * * The renowned causes of poverty are, in short, largely symptoms and results of poverty.

From a recent report of a public health program of which social work is now an integral part comes the following observation:[5]

> Public health practice has influenced medical social education and practice, just as medical social philosophy and practice have influenced the field of public health. While public health began with large community-wide programs and proceeded to a concern for the individual, and medical social work began with a concern for the individual and proceeded to an application of this knowledge on a community-wide basis, there is a current meeting and crossing of aims and purposes.

One of the major problems in this integration has been the utilization of social work knowledge and techniques in a way that would be meaningful and helpful to public health. The primary function of social workers in hospitals—that of casework—is one that is not always suited to public health agencies with their breadth of program. In some public health medical care programs, such as crippled children's services and tuberculosis control, casework service has been provided. There has been a clear-cut need for such an approach. This is not true for the other preventive and administrative aspects of public health programs to which social workers also contribute. It has been primarily through consultation that social workers in health departments have related to these areas of public health practice by bringing a point of view concerning the individual and his relationships to his family, to the health department, and to the community. The guide endeavors to furnish organized material which when used maintains the idea of the importance of the individual, suggesting ways, in addition to casework service, to preserve this concept. It should not be said that the material contained in the guide is new to public health, but like a relief map that shows the contour of a geographical area, the guide undertakes to delineate the configuration of social factors pertinent to public health.

Deliberations as to how the statement could be prepared were begun by the social work staff of the State Department of Public Health. Social workers in local health departments then met with the staff to review what had evolved and to make suggestions for further development of the statement. The first draft was tested out in two local health departments at the request of the General Services Committee to determine its usefulness and effectiveness. During the course of its preparation, it was reviewed not only by local social workers but by teachers in schools of social work, representatives of other disciplines in the State Department of Public Health, and certain local health officers employing social workers. Minor changes in wording and format were made prior to its final approval.

Format of the Guide

The layout of the guide on a single page was planned with the aim of succinctness, simplicity, and clarity. The columns carry continuity of thought and purpose, both horizontally and vertically. The four horizontal headings reflect basic health department processes—analyzing the needs of the community, planning of programs, carrying them out, and conducting research. Similarly, these steps are important to social work practice. In social work, as in public health, these processes are interdependent and overlapping, but they have been separated in the guide to give them emphasis.

Although the first vertical heading of "program determination" differs in essence from the subsequent ones, it was included here because it is basic to the operation of any program. Needs can be ascertained only from knowledge of the community and of the people in it. The other three vertical headings—economic factors, psychosocial aspects, and community participation, which must stem from program determination—are the major social work foci that will affect public health programs.

Flexibility in the use of the guide is possible as it can be applied either wholly or partially. It was recognized that health departments vary in size, program, and personnel, just as there are variances in the type and extent of social problems and the resources available to meet them. Thus, the questions and statements in the guide were made broad and general with selectivity implicit in its application. The goal is to give an over-all framework of social work thinking from which can be developed more detailed searching examination of the problem under consideration. For example, there may be a problem around a health department program, such as a rising incidence of venereal disease, necessarily involving consideration of many social factors. All questions suggested by the guide should be examined to arrive at a solution. Or a specific problem might engage primarily the program of another agency, such as inadequate public assistance for single men, potentially affecting several health department programs. To work on this problem, the health department staff would

need to consider chiefly the questions raised under "economic factors." Ways of dealing with either situation are arrived at through differential uses of the guide.

The format was designed to include, over and above a listing which can be meaningless, a method which would evaluate services and programs, qualitatively as well as quantitatively. Since services are effective depending upon the way in which they are given and on the personnel who carry them out, it is not enough to say only that they are available. For a really critical, useful evaluation of resources within the health department and the community, the guide implies the need to examine not only *what* but *how* and *by whom* services are provided.

The General Services Committee of the Conference of Local Health Officers requested that the outline be usable by all health departments regardless of size, program, or personnel. Technical material relating social work to public health has most frequently been predicated on the assumption that there were social workers on the staff of the agency. However, the number of local health departments with social workers is few in comparison to the total. The guide was written to be utilized by all members of a health department staff. Avoidance of technical social work terminology and an underscoring of the relatedness of social components to public health programs combine to make it possible for professional personnel, such as health officers, directors of public health nursing, and health educators, to apply the guide in program planning.

However, experience has shown that it can be a more productive tool when the social worker is involved in its application. As has been mentioned, one of the primary values of this material lies in the impetus it provides for evaluation of programs within the health department and in the community insofar as the latter are concerned with public health services. Such evaluation entails, among other things, an understanding of the causes of social breakdown and a knowledge of the philosophies and activities of social agencies. These are germane to the social worker's background. In addition, the social worker can assist in building upon the framework of the guide, filling in with other questions that are covered only by implication in each section. Thus, for its maximum usefulness, the guide should be utilized with a social worker who may be on the staff of the local health department or a consultant from outside the department.

Uses of the Guide

An important factor in using the guide is that it be applied in relation to administration, supervision and consultation.

Administration and Supervision

Incorporation of its philosophy into public health programs is done in part through the policy-making functions of administrators of public health agencies who give qualitative form and substance to programs by the breadth of their approach. Through public health programs that have a broad social philosophy can come improved services. In general, it is impractical to use the guide on a case-by-case basis. It is a planning tool and a problem solving medium.

If a health department is developing a new program, the guide is helpful in assessing the part social factors will play, how resources can be mobilized to meet anticipated needs, what factors may prove stumbling blocks to effecting desired goals, and what social factors might need further research. For example, a health department might be studying prematurity with a view to establishing a program for its prevention. Ramifications of such an endeavor cannot be gone into here, but many social factors related to the problem of prematurity come to mind. The following are some which can be identified by using the guide. Economic factors need to be examined to determine what part medical indigency plays in a given community in ability to obtain prenatal care. Over and above eligibility for care, factors affecting the use of available facilities might need study, including accessibility of clinics, hours held, attitudes of personnel, and client understanding of proffered services. Psychosocial factors play a part where patients have complicated feelings about pregnacy resulting in an inability to avail themselves of care. Also, unwed mothers may need skilled help beyond the scope of service offered by the health agencies. Such problems are only a few of the types suggested by the guide which lead to consideration of anticipated social needs. Community participation in such a program is vital. Working agreements with other agencies concerning their functions, ability to accept and make referrals, if clarified at the outset of program planning, can increase mutual understanding and avoid possible frustration. These and other considerations are suggested by the guide, which, if reviewed as a whole, insures that social components are not being overlooked in planning a new program.

In re-examination of a current program, the guide can also play a role. At present, much thought is being given to child health conferences with many health departments scrutinizing these conferences to evaluate whether they are accomplishing the objectives for which they were intended. The guide, serving as an outline, can help the health officer and his staff develop their thinking along lines that will enable them to arrive at some understanding of the groups that use child health conferences, their predominant problems in child rearing, and the degree to which these influence or are influenced by the conferences. For example, the guide suggests the need to examine the quality of interviewing done in doctor-parent and nurse-parent conferences. This might lead to consideration of the conduciveness of the conference setting to relaxed interviews, the flexibility of questions asked by the physician and nurse, and the ways in which parents are encouraged to express their feelings about their children and the job of being parents. Based on the re-evaluation of child health conferences, potential research projects could be outlined that would add to knowledge of what parents want and get from the conferences.

Consultation

To social workers the content of the guide should be familiar well-traveled ground. Nevertheless, the social service consultants in the California State Department of Public Health see it as a base from which the consultant and consultee can begin to work. Be-

cause the consultant's role and social factors are often linked together in a network of intangibles, a foundation is needed from which to delineate social work content and to describe the consultant's area of interest.

Discussion of the consultant's services can be facilitated by employing the guide either in the course of the introductory conference or early in the contact with the health officer and director of public health nursing. By presenting this evidence of the scope of the consultant's interest, it can be a useful springboard for examination of the local health department's needs in relation to its consideration of and responsibility for dealing with psychosocial factors that affect the lives of people served by the department. Similarly the guide can be a helpful starting point either in studying existing social services in a local health department or in surveying health department programs to determine the need for such services.

State social service consultants are frequently asked to participate in staff education meetings on social aspects of local health department programs. The guide provides many suggested beginnings for these meetings and can also be used in preliminary discussions with the staff planning committee to set the pattern for a way of thinking about the problems to be considered.

Just as the guide may be a tool in program planning in a local health department, state consultants have employed it in program planning on the state level. For example, in preparing material for a requested review of local health department chronic disease control activities, the guide was used to formulate questions to show the type of consideration given to social aspects. Another of its uses within the State Department of Public Health has been in orientation of new personnel when both professional and nonprofessional staff members have a one-week introduction to the total program. As part of the orientation to social service, the guide is used as an aid in describing the content of social work consultation with special emphasis on consultation to people outside the field of social work.

Because of its newness, the guide's application has necessarily been limited. Other potential uses are seen in schools of public health and schools of social work. Future use with imaginativeness and flexibility will demonstrate broader ways of working with it.

References

1. "Coordination in California" *American Journal of Public Health*, Vol. 42, No. 9, September, 1952, pp. 1122-24.
2. Committee on Professional Education. "Proposed Report on Educational Qualifications of Medical Social Workers in Public Health Programs," *American Journal of Public Health*, August, 1950, Vol. 40, No. 8, pp. 993-99.
3. Kelly, Frank L., M.D. "Medical Social Work and Public Health Activities," *California and Western Medicine*, September, 1931, Vol. 35, No. 3, pp. 164-66.
4. Warner, Amos G. *American Charities*, Thomas Y. Crowell Company, New York, 1908, p. 151.
5. Spencer, Esther C., and Casey, Catherine. Unpublished Annual Report of Medical Social Training Project, Massachusetts State Health Department, 1951-52, p. 4.

Social Worker Employed by Imperial County Health Department

A Spanish-speaking social worker has been employed by the Imperial County Health Department as the result of a grant by the Rosenberg Foundation which made establishment of the position possible. The position was filled as of March 29th. The Medical Social Service of the State Department of Public Health assisted the Imperial County Department in working out a plan for adding the social worker to their staff.

This social worker brings to the Imperial County Health Department a rich experience in working with various ethnic groups. Her professional background includes services with the American Red Cross, the Veterans Administration, a local county welfare department and, most recently, with the State Department of Social Welfare.

In general, the social worker will be giving direct casework service around social problems to mothers and children known to the health department. She will also assist in activities of community organizations and will help the health department staff in further development of methods of working with health department clientele.

This is the first professionally trained social worker in the county.

University Extension Announces Courses For Nurses at Berkeley, U. C. L. A.

University of California Extension has announced the following summer courses for nurses:

Berkeley Campus

Nursing in Psychosomatic Conditions (X 455, 2 units). July 11th-July 22d. This course will focus on the needs of nurses engaged in other than psychiatric nursing services and interested in understanding and applying psychiatric concepts in working with people. Miss Marion E. Kalkman, Assistant Professor of Nursing, University of California, San Francisco, will conduct the course, assisted by Mrs. Evelyn Cohelan, Instructor in Nursing, University of California. Applications for this course should be filed by June 27th with the Department of Conferences and Special Activities, University Extension, University of California, Berkeley 4.

Nursing Services Administration (X 412, 2 units). July 25th-August 5th. This course will deal with principles of administration, trends and developments in nursing services, and the evaluation of programs. Mrs. Helen Florentine, Consultant in Nursing Services Administration, will be in charge. Applications must be filed by July 11th, to address listed above.

Los Angeles Campus

Nursing Administration in Hospital and Community Health Agencies. June 20th-June 24th. This will be a joint course for hospital and public health nursing administration, focusing on areas of interpersonal relations and communications. Miss Ruth Freet, Assistant Professor of Nursing, and Miss Margaret R. Taylor, Associate Professor of Nursing, both of University of California at Los Angeles, will conduct the course.

Nursing Team Organization and Functioning. Ten meetings beginning July 11th at the School of Nursing in the new University of California at Los Angeles Medical Center. The course is offered in cooperation with Cedars of Lebanon Hospital.

Further information about the University of California at Los Angeles courses may be obtained by writing University of California Extension, Los Angeles 24.

Exam for Registered Sanitarian

June 22, 1955, has been set as the next examination date for registration as a sanitarian in California. The examination will be given in Berkeley and Los Angeles. Final date for filing is June 8th. Applications may be obtained from the Bureau of Sanitary Engineering, State Department of Public Health, 2151 Berkeley Way, Berkeley 4.

Carlyle Thompson, Montana Board of Health, Heads Western Branch, APHA, for 1955-56

Newly elected officers and regional board members for Western Branch, American Public Health Association, to serve during 1955-56 are announced by Mrs. L. Amy Darter, secretary, following the western branch meeting in Phoenix, Arizona, April 19-22.

President

G. D. Carlyle Thompson, M.D., Executive Officer and Secretary of the Montana State Board of Health, Helena, Montana, automatically became president of western branch having served as president elect during 1954-55.

Other officers were elected as follows:

President-Elect

Mr. A. Harry Bliss, Associate Professor and Chairman, Department of Public Health, University of California, Los Angeles, California.

Vice Presidents

Mrs. Christie T. Corbett, Generalized Nursing Consultant, Oregon State Board of Health, 1400 SW. Fifth Avenue, Portland 1, Oregon.

Robert Dyar, M.D., Chief, Division of Preventive Medical Services, California State Department of Public Health, 2151 Berkeley Way, Berkeley 4, California.

J. A. Kahl, M.D., Acting State Director of Health, Washington State Department of Health, 1412 Smith Tower, Seattle 4, Washington.

Secretary-Treasurer

Mrs. L. Amy Darter, Supervising Bacteriologist, Division of Laboratories, California State Department of Public Health, 2151 Berkeley Way, Berkeley 4, California.

Regional Board Members 1955-57

Miss K. Elizabeth Anderson, Director, Division of Public Health Education, Montana State Board of Health, Helena, Montana.

John A. Lichty, M.D., Pediatric Consultant, Colorado State Department of Public Health, Denver, Colorado.

Ellarene L. MacCoy, M.D., Medical Consultant, Bureau of Vocational Rehabilitation, California State Department of Education, 357 South Hill Street, Los Angeles, 13.

Willard J. Stone, M.D., Health Officer, Marion County Department of Health, Salem, Oregon.

Miss Margaret S. Taylor, R.N., Associate Professor of Public Health Nursing, University of California, Los Angeles 24.

The other five elective members of the Regional Board, who are serving for terms of 1954-56, are:

Miss Myrtle Greenfield, Director, State Public Health Laboratory, New Mexico State Department of Public Health, 305 Terrace Avenue, N. E., Albuquerque, New Mexico.

Mrs. Olive M. Klump, Assistant Director, Bureau of Public Health Nursing, Los Angeles County Health Department, 241 N. Figueroa Street, Los Angeles 12.

Richard K. C. Lee, M.D., Dr. P.H., President and Executive Officer, Board of Health, Honolulu.

Mr. Edwin L. Ruppert, Engineer in Charge, Environmental Sanitation Section, Washington State Department of Health, 1412 Smith Tower, Seattle 4.

Ralph R. Sachs, M.D., Director of District Services, Los Angeles City Department of Health, 111 East First Street, Los Angeles 12.

In addition to the 6 officers and the 10 elective members, the regional board includes the chairman and secretaries of the seven Scientific Sections, one representative from each of the eight affiliated societies, and the western branch representative to the Governing Council, A. P. H. A. There are altogether 39 members of the board.

The executive committee is comprised of the president, the immediate past president, president-elect, secretary-treasurer, and four members of the regional board elected for two-year terms, two being elected each year.

This year's executive committee is as follows:

Dr. G. D. Carlyle Thompson, President; Mr. Frank R. Williams, Past President; Mr. A. Harry Bliss, President-Elect; Mrs. L. Amy Darter, Secretary-Treasurer; Mrs. Olive M. Klump, 1954-56; Dr. Ralph R. Sachs, 1954-56; Dr. J. A. Kahl, 1955-57; Dr. John A. Lichty, 1955-57.

SPECIAL CENSUS RELEASES

Employment of Students: October, 1954, **Series P-50** (58).

Estimates of the Population of the United States and Components of Population Change; 1950-1955, **Series P-25** (111).

Copies of these releases may be obtained from: Library, Bureau of Foreign and Domestic Commerce, United States Department of Commerce at 419 Customs Building, 555 Battery Street, San Francisco, California, or at Room 451, 31 South Broadway, Los Angeles, California.

In ordering, specify series and number as shown in parenthesis.

Technician, Technologist Examinations Held by Department

The semiannual examination for licensing of clinical laboratory technicians and clinical laboratory technologists was held April 1st by the department. Two hundred ninety persons reported for the technician examination, and 20 for the technologist examination.

Examinations are held in the fall and again in the spring each year. In spite of the good attendance at the examinations, the demand for licensed laboratory workers continues to exceed the supply.

Of special interest at the last examination was the large number of technologist applicants reporting, the largest group to participate to date. The department has been responsible for the licensing of this class of personnel since enactment of the Clinical Laboratory Act in 1937. Information regarding academic and experience requirements may be obtained from the Division of Laboratories, Laboratory Field Services, 2151 Berkeley Way, Berkeley 4.

A high quality of operation is maintained in this program through the active participation of advisory committee members. These consultants represent all of the agencies related to laboratory function, such as the universities, the laboratory association, the technicians' association and the pathologist society.

Public Health Positions

Colusa County

Health Officer and County Physician: This is a full-time position of county health officer and, as county physician, medical director of Colusa Memorial Hospital. Salary, $10,000 a year. A California license is required. Applicants should write to Mr. Richard Stevenson, Colusa Board of Supervisors, P. O. Box 330, Colusa.

Napa County

Director of Public Health Nursing: Salary range, $348-422. Qualified applicant may start at compensatory step level. M. P. H. and supervisory experience required. For further information write Edward R. Pinckney, M.D., P. O. Box 749, Napa.

San Diego

Assistant Chief of Public Health Nursing: Salary range, $417-507. Master's degree in Public Health Nursing and at least two years of supervisory experience required. For additional information write San Diego Civil Service, Room 402, Civic Center, San Diego.

Plans for Correcting L. A. Sewerage Inadequacies Outlined to State Board of Public Health

Needed sewerage facilities for Los Angeles, which will take from three to five years to complete and cost an estimated 60 million dollars, were outlined to the Sate Board of Public Health at its April 29th meeting in Berkeley by Mayor Norris Poulson of Los Angeles. Mayor Poulson and his staff presented their plan to the board at the latter's request to determine what steps are being taken by the City of Los Angeles to correct long-standing deficiencies in its sewerage system.

Voters of Los Angeles on April 6th passed a 60 million dollar sewer bond issue by a nine-to-one majority to make the proposed program possible.

Admiral Cushing Phillips, President of the Los Angeles Board of Public Works, outlined the proposed program, which set forth estimated costs for the multi-phased development, set priorities and estimated dates of completion, and designated certain stop-gap measures to prevent the overflow of sewage in the interim.

Highest priority is being given to the North Central Outfall, which is considered the most critical unit in the collection system. This outfall line serves the rapidly expanding San Fernando area, and will take increased flows when the tunnel through the Hollywood Hills, now under construction, is completed later this year.

Admiral Phillips said that the city expects to complete preparation of plans and specifications for the new North Central Outfall unit within 12 months and estimated that construction of the connections necessary to provide the disposal immediately needed can be completed by April, 1958. He said that new relief sewers urgently needed will be designed and constructed without delay; other relief sewers, interceptors and facilities will be designed and constructed during the next three to five years as required and as capacity to receive the flow from them is available.

The city expects that design of alterations to the Hyperion Treatment Plant, pumping plants and ocean outfalls for effluent and sludge will be completed within 18 months. The plan calls for disposal of effluent and sludge after treatment to points at least five miles offshore.

The report stated that there is no overflow of raw sewage at any point at the present time and that a study has been made of measures and controls necessary to avoid hazards to the public health during the period of design and construction of the new facilities. Certain alterations have already been made to increase the flow of the North Central Outfall, including modifications at Jackson Street and Ballona Creek in Culver City, a critical point of overflow in the past.

The April 29th meeting was also attended by representatives of several south bay cities to voice their concern over possible pollution of south bay beaches in the program planned by Los Angeles. Mayor Edward Edwards of Hermosa Beach, representing a committee of mayors of the south bay Cities of Hermosa Beach, Manhattan Beach, Redondo Beach, Torrance and Palos Verdes, presented a resolution asking for a public hearing before the enlargement of the Los Angeles system is started. A Culver City representative expressed a similar viewpoint. Charles E. Smith, M.D., board president, explained that the State Board of Public Health has no legal responsibilities for holding such hearings or for issuing permits for sewerage construction, but that the board would be happy to cooperate with the City of Los Angeles, the Los Angeles Regional Water Pollution Board and other interested agencies in seeing that informal hearings are scheduled.

Dr. Smith assured the representatives of Culver City and the south bay cities that the State Board of Public Health would continue as it has in the past to work with the Los Angeles Water Pollution Control Board in this matter. Mayor Poulson also assured the board that he would keep Culver City and the south bay cities, as well as the Los Angeles Regional Water Pollution Control Board, advised of the steps taken by the City of Los Angeles.

The matter has been placed on the agenda for the June 13th meeting of the State Board of Public Health in Los Angeles. Dr. Smith asked that bay city representatives and the City of Los Angeles study the proposed plan carefully in the meantime so that details are fully understood.

Polio Vaccination Program Resumes Following Detailed Reappraisal of Vaccine

The National Foundation for Infantile Paralysis vaccination program for first and second grade school children in California was resumed on May 16th after a seven-day postponement for a detailed reappraisal of each lot of vaccine already prepared or in the final stage of production. The program was halted for a week upon recommendation of the Surgeon General of the U. S. Public Health Service.

The vaccine was cleared in the order in which the manufacturer entered production, which placed California in a fortunate position since Parke Davis was the first company to enter production and Eli Lilly was the second. All NFIP vaccine currently on hand is from these two companies.

Distributed to local health departments in California for the NFIP program is 314,073 cc. of vaccine produced by Parke Davis and 51,120 cc. of vaccine produced by Eli Lilly (as of May 19th).

The NFIP immunization program in California was first postponed in late April when the U. S. Public Health Service discontinued all public or private use of Cutter polio vaccine. At this time there were five reported cases of polio in California among the thousands of children who had received Cutter vaccine. It was not known at that time, nor determined definitely as of May 19th, whether these cases were related to the injection of the vaccine, or were natural occurring infection.

However, the association was sufficiently close to warrant the stop order. At the publication of this report (May 19th) there are, in California, 36 cases of polio among the vaccinated and 64 among unvaccinated persons who have become ill on or after April 20th.

At the time of program resumption in California, 223,000 of the 553,000 eligible children had received their first inoculations in the NFIP program.

In a May 4th meeting of the department's Ad Hoc Advisory Committee on the prophylaxis of poliomyelitis priorities were established for the use

of the vaccine if and when it became available. The committee recommended that first and second grade school children in the NFIP program have first priority, followed by children of ages one through seven, pregnant women and lastly, children of ages eight through 14.

The department, in promulgating its many decisions and recommendations in the NFIP vaccination program, has been guided by its Ad Hoc Committee on the prophylaxis of poliomyelitis; by the U. S. Department of Health, Education and Welfare; the Surgeon General, and the state and national intelligence gathered by the department staff.

An intelligence center has been set up in the Bureau of Acute Communicable Disease, where local health officers report any change in the hourly picture of poliomyelitis in California, and where current information is transmitted to the local health jurisdictions.

Three Health Educators Take Foreign Assignments

Gloria Russo, Health Educator with the Orange County Health Department, is on a two-year leave of absence to accept an FOA assignment in Bolivia. She is scheduled to arrive in La Paz May 22d.

Wilma Becknell, former health educator with the Santa Barbara County Health Department and County Schools Department, began an FOA assignment in Surinam, South America, in February.

David Janison, Director of the Information Division, Los Angeles City Health Department, took a leave of absence in February to accept an appointment as public health educator on a technical team assigned to Israel under the FOA program.

Change of Address

J. B. Askew, M.D., Director of the San Diego Department of Public Health, announces that his department has changed the address of its offices to 3330 Congress Street, San Diego 10, as of May 2d.

Encephalitis Surveillance Plans Set for 1955 Season

With the approach of the 1955 encephalitis season, the State Department of Public Health's encephalitis surveillance machinery has again been placed in operation. Following the procedures first established in 1953 and utilized again in 1954, the surveillance will include four specific areas of the encephalitis problem—occurrence of the disease in humans, occurrence in animals, presence of the virus in mosquitoes, and laboratory study of specimens from suspect cases.

1. *Information Regarding Human Cases*

Regular morbidity reports from local health departments will be supplemented by special data. Beginning June 20th and extending through September 15th, these data will be gathered in four study areas—Kern, Fresno, San Joaquin and Sutter-Yuba Counties—by medical students employed specifically for this purpose and assigned to the local health departments in the respective study areas. These medical students will be assigned to county hospitals in the four areas so that up to date information regarding admissions will be available to the State Department of Public Health and so that adequate diagnostic blood specimens will be obtained on suspected cases.

2. *Information Regarding Cases of Encephalitis in Animals*

Data is received through the State Department of Agriculture and from local veterinarians. The presence or absence of horse cases may be used as another rough index of the presence or absence of the western virus in the mosquito population.

3. *Information Regarding Presence of Virus in Mosquitoes*

Collection of *Culex tarsalis* mosquitoes on a routine basis from the four study areas began May 1st, and current attempts will be made to isolate the virus from these specimens. This phase of the program will continue through October.

Beginning March 1st and scheduled to continue through October, local mosquito control agencies have placed their mosquito light traps into operation and have begun to systematically observe and report mosquito occurrence. Approximately 35 agencies are participating in this objective sampling procedure in an effort to keep track of trends in mosquito populations during the year, thereby to guide and evaluate control operations. Local agencies are also reporting subjective findings of aquatic mosquito occurrence. Both adult and aquatic findings are transmitted to the Bureau of Vector Control on a weekly basis, and summaries of the collective reporting are returned to the local agencies twice monthly.

As of mid-May the mosquito population in California appeared to be lower than normal, apparently reflecting the influence of subnormal temperatures which characterized the weather this spring. A further favorable factor from the standpoint of mosquito production is seen in this year's comparatively dry weather and below average snowpack.

4. *Information Regarding Laboratory Specimens From Suspected Cases of Encephalitis*

These data are tabulated from blood specimens received at the department's Viral and Rickettsial Laboratory and are studied to determine if there are indications of unusual activity suspected of being encephalitis in any particular area of the State.

Cooperation With Other Agencies

In addition to the routine methods being utilized, there is also a special study being carried out in cooperation with the Rockefeller Foundation seeking to discover new etiologic agents which produce the encephalitic syndrome in California. There is also close coordination with the field research studies of the Hooper Foundation, University of California, in the Kern County area and with the encephalitic follow-up study conducted by Stanford University Medical School.

Therapists in Cerebral Palsied Program Hold Institute in Long Beach

An institute for occupational and physical therapists employed in the department's program for cerebral palsied children was held in Long Beach April 13th under sponsorship of the department's Bureau of Crip-

pled Children Services. The meeting was held in conjunction with annual state and national conventions of the International Council for Exceptional Children, an affiliate of the National Education Association.

The institute provided an opportunity for the therapists to review new methods, trends and research relating to the needs of physically handicapped children and to consider important administrative matters.

Presented at the convention was a wide range of topics centered around the theme: "Strengthening the Team Approach in Special Education." Of particular interest were problems considered under the topics: "Interpreting Disabilities to Parents," "Integrating Handicapped Children Into Regular-Classrooms," "Guidance of the Cerebral Palsied Child." Marcia Hays, M.D., Chief of the Bureau of Crippled Children Services, participated as member of a panel which discussed the topic, "A Teamwork Approach for Children With Multiple Handicaps."

The convention attracted a large number of representatives from chapters located in all parts of the Country, including 29 chapters in California whose membership totals 1,054. There were 97 occupational and physical therapists in attendance.

Review of Reported Communicable Diseases Morbidity by Month of Report—April, 1955

Diseases With Incidence Exceeding the Five-year Median

Diseases	*April, 1955*	*April, 1954*	*April, 1953*	*Five-year median*
Amebiasis	45	26	45	34
Coccidioidomycosis (disseminated)	10	7	10	8
German measles	1,852	1,142	3,046	1,142
Hepatitis, infectious	135	209	116	48
Measles	14,286	10,950	9,961	10,885
Pertussis	594	232	299	299
Poliomyelitis, total	53	87	86	51
Rabies, animal	40	17	19	17
Salmonella infections	71	72	68	64
Shigella infections	77	63	98	60
Typhoid fever	10	6	3	6

Diseases Below the Five-year Median

Diseases	*April, 1955*	*April, 1954*	*April, 1953*	*Five-year median*
Brucelliosis	3	2	8	8
Chickenpox	6,275	8,056	6,469	6,469
Encephalitis (type undetermined)	5	8	7	8
Food poisoning	13	13	172	128
Influenza	26	52	213	213
Malaria	1	2	8	2
Meningitis	20	27	50	27
Mumps	4,199	4,035	5,198	4,471
Poliomyelitis, paralytic	28	43	48	59
Strep. inf. resp., incl. scarlet fever	817	1,005	912	912
Tetanus	1	2	4	4

Venereal Diseases

Diseases	*April, 1955*	*April, 1954*	*April, 1953*	*Five-year median*
Syphilis	491	659	611	733
Gonococcal infections	1,108	1,278	1,540	1,460
Chancroid	13	10	19	[1]
Granuloma inguinale	---	1	---	[1]
Lymphogranuloma venereum	4	3	6	[1]

[1] Median not calculated.

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STATE DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTH EDUCATION
2151 BERKELEY WAY
BERKELEY 4, CALIFORNIA